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Project: Midwifery vs physician-led model of maternity care: association with preterm birth in Alberta



Background

Rising preterm birth (PTB) rates in Canada is a major challenge, with Alberta having the highest rate (9.2%) of all the Canadian provinces. Prematurity accounts for a high rate of infant mortality and long-term morbidity with a significant impact on the healthcare systems. Canadian data estimate the cost of prematurity to be \$587.1 million over the first ten years of life. While several studies have identified the benefits of midwife-led maternity care, the components associated with improved outcomes have received little attention. One potential reason for significantly

reduced rates of PTB in midwife-led care is that causal determinants of PTB might be screened and addressed more effectively within midwife-led care. Longer appointment times provide an opportunity to assess the social, psychological, and cultural well-being of the pregnant person, their partner, and their support system. The midwife-led model of maternity care is well-positioned to respond to factors that influence lifestyle and behaviours.

Aims: This explanatory, sequential mixed-methods study aims to compare PTB rates and the underlying mechanisms that contribute to the difference in care outcomes

between midwife-led and physician-led models of maternity care. The primary objective is to assess the trend of PTB in relation to the model of care in Alberta between January 2013 and December 2023. The secondary objectives are to define the clinical characteristics of pregnant persons and their infants and to explore the perspectives of maternity care providers and patients around the possible factors that affect the differences in care and outcomes.